## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/532476

| CLAIME ACEUED DADEL  |  |   |  |   |                     |  |     |                     |                        |    |                            |                   |     |
|--|--|---|--|---|---------------------|--|-----|---------------------|------------------------|----|----------------------------|-------------------|-----|
| CLAIMS AS FILED - PART I   |  |   |  |   |                     |  |     | SMALL ENT           | ITY                    | OR | OTHER SMALL E              |                   |     |
| 11.5   | NATIONAL S                                     | TAGE FEES                                 | (Column 1)                                       |   | (c                  | Column 2)                              | 1   | RATE                | ccc                    |    | DATE                       |                   | _   |
|  |  | TAGE I LLG                                |  |   |                     |  |     |                     | FEE                    |    | RATE                       | FE                |     |
| BASIC FEE  |  |   | SMALL ENT.                                       |   | LARGE ENT. ≈ \$ 300 |  |     | BASIC FEE           |                        | OR | BASIC FEE                  | <u>300</u>        |     |
| EXAMINATION FEE  |  |   |  | isfies PCT Article 33(1)-<br>(4) = \$50/\$100 |                     | All other situations = \$ 100 / \$ 200 |     | EXAM. FEE           |                        |    | EXAM. FEE                  | 200               |     |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other courses \$ 200 / \$ 4 | r countries =                                 |                     | All other situations = \$ 250 / \$ 500 |     | SEARCH FEE          |                        |    | SEARCH FEE                 | ५७२               | )   |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =                                      |   | <i>1</i> 50 ≐       |  |     | X \$ 125 =          |                        |    | X \$ 250 =                 |                   |     |
| TOTAL CHARGEABLE CLAIMS  |  |   | 15 mir   | us 20 =                                       |                     |  |     | X \$ 25 =           |                        | OR | X \$ 50 =                  | 0                 |     |
| INDEPENDENT CLAIMS   |  |   | 1 m  | inus 3 =                                      | •                   |  |     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                   | \   |
| MUL  | TIPLE DEPENI                                   | DENT CLAIM PRE                            | ESENT  |   |                     |  |     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                   |     |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |   |                     |  |     | TOTAL               |                        | OR | TOTAL                      |                   | 1   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |   |                     |  | •   | SMALL ENTITY        |                        |    | OTHER THAN<br>SMALL ENTITY |                   |     |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUME<br>PREVIO<br>PAID                | BER<br>DUSLY        | R PRESENT<br>SLY EXTRA                 |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADI<br>TION<br>FE | NAL |
|  | Total  | *   | Minus  | **  |                     | =                                      |     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                   |     |
|  | Independent                                    | *   | Minus  | ***   |                     | =                                      |     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                   |     |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                     |  |     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                   |     |
| TOTAL ADDIT.<br>FEE  |  |   |  |   |                     |  |     |                     |                        | OR | TOTAL ADDIT.<br>FEE        |                   | - 1 |
| (Column 1) (Column 2) (Column 3)   |  |   |  |   |                     |  |     |                     |                        |    |                            |                   |     |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIC<br>PAID                | BER<br>DUSLY        | PRESENT<br>EXTRA                       |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADI<br>TION<br>FE | NAL |
|  | Total  | •   | Minus  | **  |                     | =                                      |     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                   |     |
|  | Independent                                    | *   | Minus  | ***   |                     | =                                      |     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                   |     |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                     |  |     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                   |     |
|  |  |   |  |   |                     |  | - ' | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                   |     |
|  |  |   |  |   |                     | ٠                                      |     |                     |                        | -  |                            |                   |     |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)